



TUOLUMNE COUNTY PROBATION DEPARTMENT

465 South Washington Street, Sonora, CA 95370

TEL 209-533-7500 FAX 209-533-7564

Adele Arnold
Chief Probation Officer

Electronic Monitoring Program APPLICATION

FILL IN ALL SPACES INCLUDING YOUR SIGNATURE

Name _____
(Last) (First) (Middle)

Address: _____ City _____ Zip _____

Home phone: _____ Cell phone: _____

DL#: _____ State: _____ Exp: _____ DOB: _____

Race: _____ Hair: _____ Eyes: _____ Ht: _____ Wt: _____ Sex: _____

Social Security#: _____

How long at present address: _____

Type of Residence: _____ Cross Street: _____

Color of house: _____ Color of trim: _____

Charge(s): _____

Sentencing date: _____

Marital Status: _____ Name of Spouse: _____

Number of people in household: Adults: _____ Children: _____

Name: _____
(Last) (First) (MI) (Relationship) (DOB)

Name: _____
(Last) (First) (MI) (Relationship) (DOB)

Name: _____
(Last) (First) (MI) (Relationship) (DOB)

EMPLOYMENT INFORMATION

Current Employer: _____ Occupation: _____

Address: _____

Phone: _____ Supervisor: _____

Working Hours: From: _____ To: _____

Working Days: (Circle) SUN MON TUE WED THU FRI SAT

EMPLOYMENT HISTORY:

Employer: _____ Date hired: _____

Job Title: _____ Hourly wage: \$ _____

Date and reason for leaving: _____

Employer: _____ Date hired: _____

Job Title: _____ Hourly wage: \$ _____

Date and reason for leaving: _____

Employer: _____ Date hired: _____

Job Title: _____ Hourly wage: \$ _____

Date and reason for leaving: _____

All information that I have provided is true and correct to the best of my knowledge. I understand that giving false information will be grounds for denial of EMP.

Signature: _____

Date: _____

PRIOR CONVICTION/ARREST RECORD

Do you have a prior history of convictions or arrests? ☐ Yes ☐ No

If yes, Explain below:

<u>Date</u>	<u>Charge</u>	<u>Court</u>	<u>Disposition</u>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you been on Home Detention in the past? ☐ Yes ☐ No

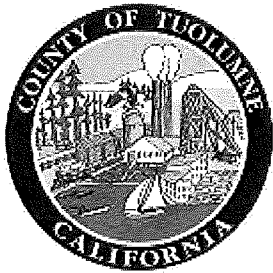
If yes, where and when _____

Have you ever applied for Home Detention and been denied? ☐ Yes ☐ No

If yes, where, when and why? _____

Are you attending any type of counseling? ☐ Yes ☐ No

Explain: _____



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Electronic Monitoring Program EMPLOYER AGREEMENT

NAME: _____ DATE: _____

DEAR EMPLOYER:

THE ABOVE NAMED INDIVIDUAL IS A PARTICIPANT ON THE ELECTRONIC MONITORING PROGRAM (HOUSE ARREST) OF TUOLUMNE COUNTY. HE/SHE HAS BEEN PLACED ON THIS PROGRAM IN LIEU OF INCARCERATION AND IS PERMITTED TO WORK AT HIS/HER PLACE OF EMPLOYMENT, BUT MUST REMAIN AT HIS/HER RESIDENCE DURING NON-WORKING HOURS. WE WOULD APPRECIATE YOUR COOPERATION IN COMPLETING THIS FORM VERIFYING HIS/HER EMPLOYMENT. IT IS THE RESPONSIBILITY OF THE ABOVE NAMED PARTICIPANT TO INFORM HIS/HER EMPLOYER OF THE CIRCUMSTANCES LEADING TO PLACEMENT OF THIS PROGRAM.

EMPLOYER: _____

ADDRESS: _____

PHONE: _____

SUPERVISOR: _____

TYPE OF EMPLOYMENT: _____

WORKING DAYS: _____

HOURS: FROM: _____ TO: _____

DAYS OFF: _____ HOLIDAYS OFF: ☐ Yes ☐ No

PLEASE NOTIFY THIS OFFICE **IMMEDIATELY** IF THE ABOVE NAMED PARTICIPANT DOES NOT REPORT FOR WORK AT THE SCHEDULED TIME. IF **OVERTIME OR SHIFT CHANGE** IS REQUIRED IT MUST BE APPROVED, IN ADVANCE, BY PROBATION OFFICIALS.

I UNDERSTAND I WILL BE **REQUIRED** TO PROVIDE PROOF OF WORKER'S COMPENSATION INSURANCE OR A CERTIFICATE OF LIABILITY INSURANCE TO THE EMPLOYEE IN ORDER FOR HIM/HER TO BE ELIGIBLE TO MAINTAIN EMPLOYMENT WHILE IN THE PROGRAM.

THANK YOU FOR YOUR ASSISTANCE IN THIS MATTER.

PARTICIPANT SIGNATURE: _____ DATE: _____

EMPLOYER SIGNATURE: _____ DATE: _____



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Electronic Monitoring Program COHABITANT AGREEMENT

WHOEVER IS LIVING IN THE SAME RESIDENCE AS THE PERSON REQUESTING
THE PROGRAM MUST SIGN THIS AGREEMENT.

PERMISSION TO SEARCH

I understand _____ has applied for the Electronic Monitoring Program through the Tuolumne County Probation Department. If accepted, the above named applicant will be residing in the home while participating in the program.

I understand the person on EMP is subject to search of both his/her person and all areas of the residence under his control, and that those portions of the residence being used by this person are therefore, subject to search at any time of day or night by any Law Enforcement or Probation Officer.

I agree to allow any Law Enforcement or Probation Officer, complete access to all areas of the residence being used by the above named person during his/her participation on the EMP.

I also understand that failure to allow entry into the home when requested by an officer will result in the person being removed from the EMP and returned to County Jail.

Address of Residence

Signature of Person Living with Applicant

Printed Name

Probation Officer

Date